



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600004

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **POLISH NATIONAL HOME ASSOCIATION**

DOING BUSINESS AS

ADDRESS **7 MAIN ST.**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01560**

MANAGER: **HUDSON,  
KENNETH  
W."CHIP"**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FOUR ROOMS ON FIRST FLOOR,DINE AND DANCE HALL ON 2ND FLOOR, CELLAR FOR CLUB ROOM AND STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

\_\_\_\_\_



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600005

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JANET L. KUCHINSKI**

DOING BUSINESS AS **RICK'S HILLTOP LOUNGE**

ADDRESS **59 MAPLE AVE.**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01560**

MANAGER: **KUCHINSKI,  
JANET L.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**TWO BUILDINGS CONNECTED BY BREEZEWAY WHICH HAS A KITCHEN AREA. THE OTHER BUILDING HAS 3 ENTRANCES AND IS TO BE USED AS A RESTAURANT/LOUNGE AREA IN CONJUNCTION WITH THE KITCHEN. AB WILL BE SOLD IN TWO ROOMS ON THE FIRST FLOOR, A BAR, DINING AREA AND CELLAR FOR STORAGE.**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600007

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLDE POST OFFICE PUB INC. THE

DOING BUSINESS A

ADDRESS RAY ST.

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01536

MANAGER: WHITERELL,  
EDWARD J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 DINING ROOMS, A ROOM 50X35 TO HOUSE A LOUNGE AND KITCHEN, RESTROOMS AND STORAGE WITH A NEW ADDITIONAL ROOM 50X35 TO HOUSE A LOUNGE AND A DINING ROOM WITH AN ENTRANCE/EXIT IN FRONT AND BACK AND ONE OUTDOOR PATIO TO BE USED FOR DINING AND LOUNGE AREA W/ ENT. THROUGH REST.

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600008

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ZHEN MEI,INC.**

DOING BUSINESS AS **WONG'S CHINESE RESTAURANT**

ADDRESS **62 UPTON ST**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01519**

MANAGER: **SITU, MEI PING**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY WOODEN STRUCTURE WITH ENTRANCE IN FRONT FAC ING ST. AND SIDE INTO PARKING AREA AND ALSO EMPLOYEE ACCESS AND EGRESS IN R EAR. TWO DINING AREA CONVERTED LOUNGE . LIQUOR STORAGE ROOM IS 5' X 10. B AR AREA IS 10' X 19'6' PLUS .**

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600010

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DELISLE-GOULET-POST #92 AMERICAN LEGION**

DOING BUSINESS A

ADDRESS **69 WORCESTER ST.**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01519**

MANAGER: **CALLAHAN,  
DAVID K.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BLDG. BASEMENT HAS KITCHEN, STORAGE ROOM AND RECREATION ROOM.  
FIRST FLOOR HAS LARGE MEETING HALL ALSO USED FOR DANCING. PAVILION 25' X 50'  
TO HOLD 12 PICNIC TABLES; SHED 10' WIDE X 16' LONG TO BE USED AS A BAR.**

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600012

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **QUATRO AMIGO'S, INC.**

DOING BUSINESS AS **CANCUN'S MEXICAN RESTAURANT**

ADDRESS **75 WORCESTER ST.**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01536**

MANAGER: **DELGADILLO,  
MARY ELENA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2 STORY WOOD FRAME BLDG FIRST FLOOR CONSISTING OF 3 DINING ROOMS, BAR, LOUNGE, KITCHEN AND STORAGE ROOM, 3 RESTROOMS. FULL CELLAR FOR STORAGE OF STOCK ONLY. 2ND FLOOR FOR WATCHMEN'S LIVING QUARTERS. OFFICE AND STORAGE. 5 ENTRANCE/EXITS; 4 ON PKG LOT, ONE OUT TO REAR.**

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600016

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEATRICE COLLETTE

DOING BUSINESS AS VALLEY PLAZA DISCOUNT LIQUORS

ADDRESS 43 MAIN ST

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01560

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQ FT WITH 2 FRONT ENTRANCES AND TWO REAR ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

  
  
  

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600017

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ARSLAN, INC.**

DOING BUSINESS AS **VILLAGE DAIRY**

ADDRESS **167 MAIN ST**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01560**

MANAGER: **CHAUNDHRY,  
AMJAD**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR BEER AND WINE AREA, STORAGE AREA PARTITIONED OFF FROM REST OF  
STORE; CELLAR USED FOR STORAGE : 18' LONG BY 11' WIDE, CELLAR: 25 X 11, WINE  
AREA, 15 X 12**

I hereby certify and swear under penalties of perjury that:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600020

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GRAFTON LIQUORS, INC**

DOING BUSINESS AS

ADDRESS **77 WORCESTER ST**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01536**

MANAGER: **CHALUPKA,  
BRUCE**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR SINGLE STORY BLDG WITHOUT BASEMENT. ONE FRONT  
SALESROOM; STORAGE AREA IN THE REAR. TRAILOR ATTACHED TO THE REAR OF THE  
BUILDING USED AS COOLER**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600022

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHRADHA CORPORATION

DOING BUSINESS AS FIVE STAR LIQUORS

ADDRESS 197 WORCESTER STREET

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01536

MANAGER: PATEL, KIRTI

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY MASONRY BLOCK BLDG WITH BRICK VENEER, NO CELLAR. DOUBLE FRONT  
ENTRANCE AND EXIT DOORS, ONE SIDE ENTRANCE INTO WAREHOUSE AREA; 2  
OVERHEAD GARAGE DOORS FOR DELIVERIES. SECOND FLOOR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600029

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST. MARY & ST. MARCORIOUS, INC.

DOING BUSINESS AS ANDREW'S DELI & MARKET

ADDRESS 215 WORCESTER ST

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01536

MANAGER: AZIZ, NADER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR ENTRANCE FACING WORCESTER ST CONTAINING 1800 SQ FT, EMERGENCY  
EXIT AND DELIVERY ENTRANCE LOCATED ON SIDE OF BUILDING FACING JONCAS TERRACE,  
PRESENT USE AS MINI-MART TO CONTINUE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600030

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DANIELLE'S RESTAURANT CORPORATION**

DOING BUSINESS AS **DANIELLE'S BAR & GRILLE**

ADDRESS **215B WORCESTER ST**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01536**

MANAGER: **DOE, DENNIS W.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**RESTAURANT AND LOUNGE AT BACK OF THE BLDG CONTAINING APPROX 3264 SQ FT. 1ST FLR WITH ENTRANCE FROM FRONT OF BLDG. SECTION B REST CONSISTS OF APPROX 779 SQFT. FIRST FLOOR ENTRANCE FROM FRONT OF BUILDING, ENTRANCE FROM ABUTTING MINI-MARKET.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600032

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **J&J TAVERN, INC**

DOING BUSINESS AS **J&J TAVERN**

ADDRESS **150 MAGILL DRIVE**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01519**

MANAGER: **MAGILL, JOHN H** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

**DESCRIPTION OF LICENSED PREMISES:**

**SNACK COUNTER-1DOOR TO ENTER SNACK SHOP BY EMPLOYEES ALCOHOL SERVED TO PUBLIC THROUGH SERVICES WINDOW.ROOM APPROX 10' X 15' 1ST FLOOR GRILL ROOM-1 SINGLE DOOR BY SNACK SHOP,DOUBLE DOORS FROM LOBBY 18 X 17' 1ST FLOOR:BAR DOUBLE DOORS LOBBY 1 SINGLE FROM OUTSIDE PATIO,DOUBLE DOORS INTO KITCHEN FOR EMPLOYEES:1 SINGLE DOOR ONTO PORCH 29 X 19'S 1ST FLOOR,PORCH ROOM 1 SINGLE DOOR FROM BAR 1 SINGLE FROM BANQUET ROOM 31 X 12' BANQUET ROOM 1 SINGLE DOOR FROM PORCH,DOUBLE DOORS INTO KITCHEN FOR EMPLOYEES ONLY, 2 SINGLE DOORS TO LOBBY 36' X 36 WITH 6 BAYS 1ST FLOOR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600034

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FONTAN RESTAURANT, INC.**

DOING BUSINESS AS **CHENG DU**

ADDRESS **387 PROVIDENCE ROAD**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01560**

MANAGER: **TANG, KUO RUNG** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600035

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Wen He

DOING BUSINESS A Cirrus' Wine Cellar

ADDRESS 1 Grafton Common

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01519

MANAGER: He, Wen

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

first floor of the building. Three windows on one side and three exit doors on the opposite which lead to a public corridor that has two doors exit to outside of building.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600037

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BRIDGE STREET BISTRO,INC.**

DOING BUSINESS A **BRIDGE STREET BISTRO,INC**

ADDRESS **10 BRIDGE STREET**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01536**

MANAGER: **WELCOME,TIMOT** TYPE OF LICENSE: **Restaurant**  
**HY P.**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR OF WOODEN BUILDING WITH BASEMENT,CONSISTING OF DINING ROOM,KITCHEN,BAR WITH TWO ENTRANCES IN FRONT-ONE TO BAR AND ONE TO DINING ROOM WITH A REAR EXIT OFF THE KITCHEN.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600038

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE PARDEE GROUP**

DOING BUSINESS AS **THE GRAFTON INN**

ADDRESS **25 GRAFTON COMMON**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01519**

MANAGER: **PARDEE,JOHN**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**3 STORY 12,000 SQ. FT. WOOD FRAME;5 EXITS FIRST FLOOR.2 EXITS 2ND 7 3RD FLOOR,1ST FLOOR RESTAURANT,BAR 2ND FLOOR FUNCTION ROOM,3RD FLOOR HOTEL ROOMS(9).OUT DOOR PATIO SEATING 55**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600039

CITY OR TOWN **GRAFTON**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ULTRAMART CONVENIENCE STORE LLC**

DOING BUSINESS AS **ULTRAMART CONVENIENCE STORE**

ADDRESS **215 WORCESTER ST**

CITY/TOWN: **GRAFTON**

STATE: **MA**

ZIP CODE: **01519**

MANAGER: **KHALIL, TARIQ**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**CONVENIENCE STORE, ENTRY DOOR & EXIST DOOR IN BACK.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600041

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIMONE LINSIN

DOING BUSINESS AS PECORINO

ADDRESS 135 WESTBORO RD

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01519

MANAGER: LINSIN, SIMONE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CHEESES SHOP 513 SQ FT OPERATING SINCE SEPT 2010 ADDING 247 SQ FT ROOM FOR WINE  
SALE TOTAL SQ FT OF STORE 760

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600042

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAFTON FOOD SERVICE INC.

DOING BUSINESS A PEPPERONI EXPRESS

ADDRESS 92 WORCESTER STREET

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01519

MANAGER: THEOHARIS,  
LINDA M.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ.FT. KITCHEN, DINING AREA, FRONT ENTRANCE/EXIT, REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045600043

CITY OR TOWN GRAFTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAFTON RESTAURANT GROUP

DOING BUSINESS AS ANZIO'S BRICK OVEN PIZZA

ADDRESS 135 WESTBORO ROAD

CITY/TOWN: GRAFTON

STATE: MA

ZIP CODE: 01519

MANAGER: HARRINGTON,  
TODD

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

900 SQ.FT. KITCHEN, SEATING, COUNTER SERVICE, TWO ENTRANCES, TWO EXITS. 48  
MAXIMUM OCCUPANCY, SEATING CAPACITY OF 38

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: